



**FILE COPY**

*Receipt*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Guang-Jer Wu

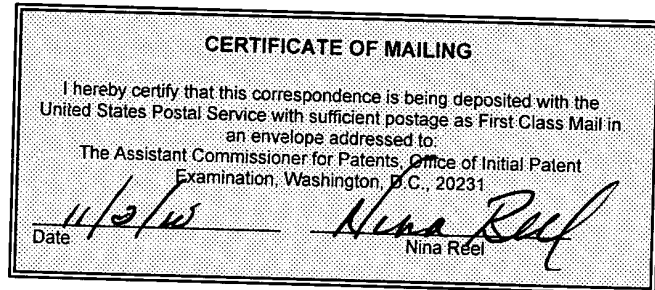
: Group Art Unit: 1645

Serial No. 09/653,961

: Examiner: Not yet assigned

Filed: September 1, 2000

For: **DIAGNOSTIC FOR  
METASTATIC PROSTATE  
CANCER**



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**JAN 19 2001**

**TECH CENTER 600/2800**

**REQUEST FOR CORRECTED FILING RECEIPT**

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, DC 20231

Sir:

Attached is a copy of a Filing Receipt received from the United States Patent and Trademark Office dated October 23, 2000, for the above-identified application. Applicants hereby advise the Patent and Trademark Office of an error in the Title section of the filing receipt. A copy of this Filing Receipt is enclosed; the error is circled in red and described below.

Please change "Diagnostic for metastatic prostate cancer" to --Diagnostic for metastatic prostate cancer--.

Please issue a corrected filing receipt with the correct title. The need for correction is not due to any error by Applicants; accordingly it is believed that no fee is due. If this is incorrect, however, please charge any necessary fee to Deposit Account No. 07-1969.

Respectfully submitted,



Donna M. Ferber  
Reg. No. 33,878

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Attorney Docket No.: 95-97  
nnr: November 2, 2000



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/653,961	09/01/2000	1645	384	95-97	6	19	4

Greenlee Winner and Sullivan PC  
5370 Manhattan Circle  
Suite 201  
Boulder, CO 80303

OCT 30 2000

## FILING RECEIPT



\*OC000000005495261\*

Date Mailed: 10/23/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Guang-Jer Wu, Atlanta, GA ;

## Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CON OF PCT/US99/04850 03/02/1999  
WHICH CLAIMS BENEFIT OF 60/076,664 03/03/1998

## Foreign Applications

If Required, Foreign Filing License Granted 10/22/2000

\*\* SMALL ENTITY \*\*

## Title

Diagnostic for metastatic prostate cancer

## Preliminary Class

435

Data entry by : LANCASTER, DAVID

Team : OIPE

Date: 10/23/2000



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/653,961	<b>FILING DATE</b> 09/01/2000 <b>RULE</b> -	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 95-97
<b>APPLICANTS</b> Guang-Jer Wu, Atlanta, GA ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF PCT/US99/04850 03/02/1999 WHICH CLAIMS BENEFIT OF 60/076,664 03/03/1998 <i>SR</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>SR</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 10/22/2000</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and Acknowledged <i>[Signature]</i> <i>SR</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 19
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 237-13				
<b>TITLE</b> Diagnostic for metastatic prostate cancer				
<b>FILING FEE RECEIVED</b> 384	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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